1	Johns	Fi	55917 Hot MP ID:31258	We certify that the	mode estransportation is the most co	st effective under the
Address:5526 F				Signature of Travel	mode of transportation is the most co- travel complies with AD No. AD 09.	st enective under the
				I IMMAN	CA VANUS	Date! //6/16
City:Zephyrhill	S		ZIP:33541	Signature of Appro	\	Dave: (122/16
Dept./Agency:I	Economic Development	Ph	n#: (813) 272-7232		oving Authority: Lindsey K. Kimball Name:Norma Smith Pl	1#: (813) 276-8461
Purpose of Trav	vel:2016 ASBDC Confe	rence				
Method of Trav Departure Date		Departure T		n Carrier Class Travel Destination City	of Travel: ☐ A ☐ B ☐ C y:Orlando County:Orange	e State:FL
Return Date:09	/22/16	Return Time	U An	NOTES:		
ATTACH JUS	THE CATION FOR E	STIMATED F	30 Pm XPENSES:	SIGNED FORM VI	ERIFYING COMPLETION OF TR	MAYELLISƏDÜELKO BOGG
Registration Fe			¥ \$695.00		DAYS AFTER TRAVEL RETURN	DATE.
_			E			\$ <i>H</i> 3
Hotel:	<u>4</u> # days at \$ <u>197.00</u> pe	er day	\$788.00	Hotel:	# days at \$per day	 795.
Airline Ticket:	☐ Non-refundable		EIM \$	Airline Ticket:	Payment Proof Required	\$
Car Rental	☐ Voucher:		HURI	Car Rental	Payment Proof Required	\$
Auto Mileage:	145 miles at \$0.445		#SAB	Auto Mileage:	1456 miles at \$0.445	
Per Diem:	quarter days a	t <u>\$21.25</u>	OF REIMBURSABLE EXPENSES \$ \$0.00 \$32.00	Destination Mileage	miles at \$0.445	\$0.00
Meals:	Breakfasts: <u>4</u> #		XPE	Explanation:		
	Lunches: <u>4</u> #		NSES \$32.00	Parking, Tolls, Taxi	(attach receipts)	\$804
	Dinners: 4#		\$32.00	Per Diem:	quarter days at \$21.25	\$0.00
Other:			\$88.00	Meals:	Breakfasts: 4 #	\$3 <i>2</i> .
1 100	Total Estimated Exp	ences.	\$		Lunches: #	s & A
ADVANCE EV	PENSES: (90% OF E		\$1699.52		Dinners: H #	* 5.5 * 5.5
Hotel:	\$at 90% =		\$0.00	Other Expenses	(attach receipts)	
				Sinci Expenses	Total Allowances:	
Meals: Mileage:	\$ at 90% = \$ at 90% =		\$0.00 \$0.00		Total Anowances:	1763
Ü				*16 : 1	Less Adams (Dec.)	0 to C
Other:	\$ at 90% =		\$0.00	*If overpaid, please make check payable t		\$ 1490
	70°-4-1 A Janes and 10°-	penses:	\$0.00	DOCC and attack		
	Total Advanced Ex		Ψ0.00	BOCC and attach	*Total Reimbursement:	
hereby certify th	at this travel is true and	correct in ever	y material matter; th	nat the expenses were incur	red by the traveler as necessary travel and Administrative Directive No. AD-	in the performance of offici
hereby certify thes; and that the s	at this travel is true and	correct in ever respect with the	y material matter; the requirements of § (813) 277-1393	nat the expenses were incur 112.061, Florida Statutes, a	red by the traveler as necessary travel and Administrative Directive No. AD-	in the performance of offici- 09.
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